



**CITY OF SHEBOYGAN
2016 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

REQUEST FOR PROPOSALS (RFP)

**FOR NON PROFIT ORGANIZATIONS AND MUNICIPAL AGENCIES
For fiscal year: April 1, 2016– March 31, 2017**

**THE PROPOSAL SUBMISSION DEADLINE IS:
*Friday, February 19, 2016
3:00 P.M.***

To view and understand the CDBG program, please review the CDBG Operating Policies and Procedures Manual available at http://www.ci.sheboygan.wi.us/wp-content/uploads/2011/05/CDBG_Operating-Manual.pdf

A Microsoft Word copy of this application is available on the City's website:
www.ci.sheboygan.wi.us

No proposals for the funding cycle will be considered after this date and time. Applications received after the deadline will be returned unopened.

The following RFP is for activities that qualify under as Public Service Activities. A detailed definition of eligible activities can be found later in this application.

Proposals must provide evidence that the proposed program will primarily serve low and moderate income residents in the City of Sheboygan.

If an organization is planning to request funding for more than one program, **each must be submitted separately.**

An emphasis will be made to fund programs that meet one or more of the three *national* objectives described below:

- Benefitting low- and moderate-income (LMI) persons, ie affordable housing, LMI jobs, LMI area benefit, etc.)
- Prevention/Elimination of Slums or Blight
- Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of our community.

As part of this application, the following items are **Mandatory** to be submitted:

1. Budget Information (current year and past year)
2. Written documentation regarding income verification process.
3. Most recent audited financial statement or audit report. Recipients of CDBG funds must provide an audited financial statement for the fiscal year in which the funds are received within 150 days of the end of the organization's fiscal year. Organizations with \$30,000 or less of annual expenditures/disbursements may provide a limited scope review. If any agency is not required to undertake an annual audit, reason(s) in writing must be clearly defined.
4. List of Board of Directors, including agency policy regarding Board membership and tenure of Directors.
5. By-Laws and/or Resolutions of the Board, including Restricted or Designated Funds.
6. Any other documentation that will assist in understanding and evaluating your Agency's request.

Incomplete applications will be disqualified and late applications will not be reviewed. Please make sure all necessary items are included.

A completed application, **plus two (2) hard-copies and one electronic copy (such as on a flash drive or CD)**, must be submitted by **3:00 PM on Friday, February 19, 2016**. Proposals may be hand delivered or sent by mail. Proposals sent by mail must be postmarked no later than February 19, 2016.

City of Sheboygan
Department of City Development
828 Center Avenue, Suite 104
Sheboygan, WI 53081

Questions concerning this RFP should be addressed to Chad Pelishek, Director of Planning & Development at the address above or call (920) 459-3383.

GENERAL REQUIREMENTS

The FY 2016-2017 Community Development Block Grant (CDBG) Program has not received notification of the yearly allocation. All funding allocations by the Committee will be contingent on the amount of allowable funding from HUD and may be subject to change. If approved allocation does change, the Department of Planning and Development will notify each public service agency in writing of the change.

Proposals must provide evidence that the proposed program will primarily serve low and moderate-income City of Sheboygan residents.

If the proposal does not meet one of the three National Objectives, or is determined to be ineligible under any of the CDBG regulations, the project will not be considered for funding.

You are encouraged to check with us before submitting your proposal to make sure it is an eligible activity.

Applications which are approved for funding are subject to monitoring of files and records for the program year in which funding is received.

Your Responsibilities as a CDBG Sub-grantee

All CDBG recipients are responsible for maintaining accurate records of all expenditures, certifying that programs are reaching the target population, and performing annual audits of all financial records. **CDBG recipients must verify and document City of Sheboygan residency and U.S. legal status of all beneficiaries.** Recipients are also responsible for completing quarterly reports and submitting them to the City of Sheboygan, Dept. of Planning & Development. Staff is available to assist you and will work with your organization to help you achieve success in your program.

FORMAT OF SUBMISSION:

Please submit one original, two (2) hard-copies and one electronic copy (such as on a flash drive or CD) of the application and attachments.

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BASIC INFORMATION

Name of organization: _____

Address: _____

Charitable Tax #: _____ Year founded: _____

Contact person: _____ Title: _____

Phone number: _____ Email: _____

Non-Profit Status (i.e., 501(c)(3): _____

Municipal Department/Agency: _____

PROJECT INFORMATION

Project title: _____

Grant requested: \$ _____

PROJECT BUDGET

Please provide the budget for the ENTIRE PROGRAM in the box below. Include CDBG and ALL OTHER sources of revenue for the program.

Support and Revenue	Last Year's Actual	Current Year's Budget	Next Year's Proposed
Community Development Block Grant (CDBG)			
Contributions			
Foundations & Venture Grants			
Special Events			
Legacies & Bequests (unrestricted)			
Collected through local member units			
Contributed by Assoc. Organizations			
Other Government Fees & Grants			
Stateline United Way			
All Other United Way			
Membership Dues			
Program Service Fees			
Sales –Materials, Services			
Sales to the Public/ Product Sales			
Investment Income			
Misc. Revenue (not otherwise listed)			
Total Support and Revenue	\$	\$	\$
Expenses			
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone			
Postage			
Occupancy (building, grounds, utilities)			
Equipment Rental & Maintenance			
Printing, Art Work, Publications			
Mileage for Staff			
Conferences, Conventions, Meetings			
Agency Dues			
Awards, Grants,& Individual Assistance			
Officers & Directors Liability Insurance			
Misc. Expenses (not otherwise listed)			
Total Expenses (Before Depreciation)	\$	\$	\$
Deficit or Excess (Revenue –Expenses)	\$	\$	\$
Depreciation			
Payment to National Organization			

PROJECT TYPE

1. Please select the type of project you are requesting funding for –**Please check all that apply:**

Public Services - Includes labor, supplies, and materials including but not limited to those concerned with:

- ☐ Employment
- ☐ Education
- ☐ Crime prevention
- ☐ Recreational needs
- ☐ Drug abuse
- ☐ Energy conservation
- ☐ Fair housing counseling
- ☐ Senior Services
- ☐ Youth Services
- ☐ Homebuyer down payment assistance

☐ Other Eligible Activity (List below):

☐ **Housing Rehabilitation:** This includes labor, materials, and other costs related to rehabilitating houses:

☐ **Property Acquisition:** Acquisition of property for any public purpose which meets one of the national objectives.

☐ **Demolition:** Clearance, demolition or removal of buildings and improvements, including movement of structures to other sites.

☐ **Code Enforcement:** Costs incurred for inspection for code violations and enforcement of codes in deteriorating or deteriorated areas.

☐ **Commercial or Industrial Rehabilitation:** The acquisition, construction, rehabilitation or installation of commercial or industrial buildings, structures and other real property equipment and improvements, including railroad spurs or similar extensions.

☐ **Micro-enterprise Assistance:** The provision of assistance to businesses having five or fewer employees.

☐ **Planning:** Costs of data gathering, studies, analysis, and preparation of plans and the identification of actions that will implement such plans.

☐ **Public Facilities and Improvements:** Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements.

☐ **Special Economic Development Activities:** Provision of assistance to a private for-profit business and economic development services related to the provision of assistance.

☐ **Fair Housing:** Provision of fair housing service and fair housing enforcement, education and outreach.

2. **Project Description: (attach no more than 5 pages to this application).** Indicate whether this is a new program. Describe the program in depth of detail adequate to prevent any misunderstanding. However, excessive verbiage does not increase likelihood of funding.

3. Provide data on the number of people served by your program in the following table.

Household Type	Client Statistics		
	Last Year	This Year to Date	Next Year Projected
Households, Below 30% of the County Median Income			
Households, Below 50% of the County Median Income			
Households, Below 80% of the County Median Income			
Households, Above 80% of the County Median Income			
Households, Not Low/ Moderate Income			
TOTAL			
<i>Race</i>			
<i>Single Race and Ethnicity</i>			
White (Hispanic)			
White (Non-Hispanic)			
Black/ African American (Hispanic)			
Black/ African American (Non-Hispanic)			
Asian (Hispanic)			
Asian (Non-Hispanic)			
American Indian/ Alaska Native (Hispanic)			
American Indian/ Alaska Native (Non-Hispanic)			
Native Hawaiian/ Other Pacific Islander (Hispanic)			
Native Hawaiian/ Other Pacific Islander (Non-Hispanic)			
<i>Multi-Race and Ethnicity</i>			
American Indian/Alaska Native and White (Hispanic)			
American Indian/Alaska Native and White (Non-Hispanic)			
Asian and White (Hispanic)			
Asian and White (Non-Hispanic)			
Black/African American and White (Hispanic)			
Black/African American and White (Non-Hispanic)			
American Indian/ Alaska Native & Black/African American (Hispanic)			
American Indian/ Alaska Native & Black/African American (Non-Hispanic)			
All Other Races (Hispanic)			
All Other Races (Non-Hispanic)			
TOTAL ALL RACES & ETHNICITY			
Households with Children under 18			
Households with Handicapped/ Disabled Persons			
Households with Elderly (62+)			
Households with Male Head of Household			
Households with Female Head of Household			

Median Income for Household Size is located on Appendix A

YOUR ORGANIZATION

1. Provide a brief description of your organization, its mission and goals, and key areas of activity. Include all services provided with numbers of recipients for past three years (summarized).
2. Statement of Specific Community need:
3. Proposed Program Goals:
4. Proposed Program Outcome Objective(s):
5. Proposed Program Outcome measures (minimum of three):
 - a)
 - b)
 - c)

NATIONAL OBJECTIVES

To be eligible for funding, the project and/or activity you are requesting funding for **must address one national objective.**

1. The project or activity described in this application directly benefits low- and moderate-income persons (please check all that apply)

_____ The project meets the needs of low- and moderate-income persons. At least 51 percent of the participants or beneficiaries of the program must meet the low- and moderate-income guidelines listed in Appendix A.

_____ The project is located in a low- and moderate-income area. In this case, the project must meet the needs of the residents of one of the areas identified on the map in Appendix B. Typical activities funded are streets improvements, water and sewer lines, parks, and other public facilities.

_____ The project meets the needs of one of the following specific groups of people (low-mod limited clientele): abused children, elderly persons, battered spouses, homeless persons, severely disabled persons, illiterate adults, persons living with AIDS and migrant farm workers.

_____ This project provides housing assistance to low- and moderate-income households. Fundable activities include housing rehabilitation, acquisition of property for housing, and homeownership assistance.

_____ This project creates or retains jobs for low- and moderate-income persons.

_____ The project described eliminates specific instances of blight or physical decay. The only activities to be funded under this category are acquisition, demolition or rehabilitation of buildings.

2. Describe how your program will meet one of the three national objectives, (ie benefit f LMI persons, prevention/elimination of blight/slum, or meets other community development needs).

3. Please describe the program services including hours of operation and is the service provided by: STAFF_____ VOLUNTEERS_____ BOTH_____

PROGRAM BENEFICIARIES:

1. Specify the population to be served by this proposal. Provide a brief description of the potential recipients including age, ethnicity, gender, income levels, and any other relevant characteristics.
2. What is the geographic area to be served (attach a map if the project is not City-wide)?
3. What services will be provided? What is the plan of action to be carried out?
4. How will you track beneficiaries' data (income)?
5. Describe what is unique about this program or project. Explain how this does not duplicate services currently provided or fills a gap currently unavailable in the City of Sheboygan.

6. Will you provide on-going case management to the people serve by your program or project? If yes, how will you provide this on-going case management?
7. How will you verify and document City of Sheboygan residency and US legal status of your beneficiaries?
8. Estimate the number of individuals or households you expect to directly serve with the CDBG funds you are requesting.

Total number of recipients _____
(households, housing units, jobs)

Total low- and moderate-income recipients _____
(households, housing units, jobs)

9. PROGRAM STAFFING (Paid Staff and Volunteers) including how many of each, their titles and qualifications?
10. PROPOSED PROGRAM OUTCOMES/IMPACTS:
- a) OUTCOME/IMPACT OF PROGRAM
 - b) COMMUNITY RESPONSIVENESS TO PROGRAM
 - c) ROLE/IMPORTANCE OF CITY OF SHEBOYGAN CDBG FUNDING

d) PLANNING FOR SUSTAINABILITY

- Does the organization have financial stability goals?
- If so, list them.
- Does the annual income statement for each of the past three years show a surplus or a deficit?
- If deficits have occurred what action has been taken?

e) RELATION TO OTHER PUBLIC OR PRIVATE PROGRAMS: Describe how your program will relate to and coordinate with other programs underway or proposed for the City of Sheboygan. Indicate if there is a formal contractual linkage.

f) DUPLICATION/OVERLAP OF SERVICES: Indicate whether other organizations provide a similar program and how your program avoids duplication of services.

11. HUD requires that a public service activity must be either a new service, or a quantifiable increase in the level of a service above that which has been provided. Please address how the activity that you propose for 2015 meets this requirement.

12. Provide a detailed list of accomplishments from previously funded Block Grant activities, if applicable. NOTE: Each organization that is funded through the HUD monies will be required to provide quarterly monitoring reports to the City of Sheboygan Dept. of City Development indicating how your organization has met one or more of the three national objectives set forth by HUD and will be required to provide demographic data on the persons assisted.

13. Have you or any officers of your organization ever been involved in bankruptcy or insolvency proceedings?

Yes_____ No_____ If yes, please provide the details.

14. Are you or your organization involved in any pending lawsuits?

Yes_____ No_____ If yes, please provide the details.

15. Please indicate the census tracts/block groups that your programming will serve based on the attached map. _____

16. Please indicate whether your organization completes a single audit?

_____ Single Audit Not Required (Total Federal Expenditures less than \$500,000)

_____ Single Audit Required (Total Federal Expenditures more than \$500,000)

If a single audit is required, please indicate your total Federal expenditures in a calendar year. _____

17. Does your organization have more than 25 employees? _____ If yes, please attach a listing of each employee, their National Origin and Race per the requirements of the Equal Opportunity Commission.

Certificate

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Authorized Signature

Date

Print Name and Title

APPENDIX A

MAXIMUM HOUSEHOLD INCOME LIMITS (as of January 2015)

FAMILY SIZE	MEDIAN INCOME OF 50%	MEDIAN INCOME OF 80%
1	\$24,150	\$38,600
2	\$27,600	\$44,100
3	\$31,050	\$49,600
4	\$34,450	\$55,100
5	\$37,250	\$59,550
6	\$40,000	\$63,950
7	\$42,750	\$68,350
8+	\$45,500	\$72,750

APPENDIX B

